



Application No.: 09/647,080

Docket No.: 11345/017001

I hereby certify that this correspondence is being deposited with the U.S. Postal Service as Express Mail, Airbill No. EV703276701US, in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated: 7/11/05

Signature:

Michelle Hayden
(Michelle Hayden)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of:
Jerome Meric et al.

Conf. No.: 4075

Application No.: 09/647,080

Art Unit: 2611

Filed: September 26, 2000

Examiner: C. M. Lambrecht

For: MEMORY MANAGEMENT IN A
RECEIVER/DECODER

REPLY UNDER 37 C.F.R. § 1.116

MS AF
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

In response to the Final Office Action dated May 12, 2005, please reconsider this application in view of the following.



7-12-5

AF
EFW

AMENDMENT TRANSMITTAL LETTER				Docket No. 11345/017001	
Application No. 09/647,080-Conf. #4075		Filing Date September 26, 2000		Examiner C. M. Lambrecht	
				Art Unit 2611	
Applicant(s): Jerome Meric et al.					
Invention: MEMORY MANAGEMENT IN A RECEIVER/DECODER					
TO THE COMMISSIONER FOR PATENTS					
Transmitted herewith is an amendment in the above-identified application.					
The fee has been calculated and is transmitted as shown below.					
CLAIMS AS AMENDED					
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
Total Claims	11	- 20 =		x	
Independent Claims	2	- 3 =		x	
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					
Other fee (please specify):					
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:					0.00
<input checked="" type="checkbox"/> Large Entity <input type="checkbox"/> Small Entity					
<input checked="" type="checkbox"/> No additional fee is required for this amendment.					
<input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of \$ _____. A duplicate copy of this sheet is enclosed.					
<input type="checkbox"/> A check in the amount of \$ _____ to cover the filing fee is enclosed.					
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.					
<input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. <u>50-0591</u> as described below.					
<input checked="" type="checkbox"/> Credit any overpayment.					
<input type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.					
 Jonathan P. Osha Attorney Reg. No.: 33,986 # 48,885				Dated: July 11, 2005	
OSHA · LIANG LLP 1221 McKinney St., Suite 2800 Houston, Texas 77010 (713) 228-8600					
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Dated: July 11, 2005		Signature: (Michelle Hayden)			